U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
	LY BEFORE PREPARING THIS REPORT.
E	
1. File Number U - 13611	2. Fiscal Year Covered From:
	1, / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT BROWN	Name LABORERS AFL-CIO LOCAL UNION 435
	Labor Organization File Number 027-498
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 20
Street DAWNHAVEN DR	Street FOURTH ST
City ROCHESTER	City ROCHESTER
State New York ZIP Code + 4 14624	State New York ZIP Code + 4 14609
5. Position in labor organization. PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions): derived income or other economic benefit of
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.5. Amount
City	
State ZIP Code + 4	Mades of a found of the statement of the
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
Signed Rocert Beaut	On 05-09-06 585-454-5800 Date Telephone Number

Name of Person Filing ROBERT BROWN	File Number U- 13611
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any 20	ı c. Employer
Street FOURTH ST	
City ROCHESTER	
State New York ZIP Code +4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435.
Trade Name, if any:	TOPICS TO MEMBERS OF EMBORERS LOCAL 433.
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	3/8-3/9 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING.
	12.b. Amount. \$671
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	Anderson is the second of the
City !	
State ZIP Code + 4	

Name of	Person	Filina	ROBERT	BBONN

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST	
	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 20	b. Trust
Street FOURTH ST	c. Employer
City ROCHESTER	
State New York ZIP Code + 4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such clealing.
Name	ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY,
Trade Name, if any:	IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC
P.O. Box, Bldg., Room No., if any	REGARDING THE CONSTRUCTION TRADE.
Street	
· The contraction of the contrac	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	7/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO NYS TRI FUND CONFERENCE IN SARATOGA, NY.
	<u>.</u>
	12.b. Amount. \$774

Name	of	Person	Filina	ROBERT	ВВОМИ

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS WELFARE FUND	No. a Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 20	b. Trust
Street FOURTH ST	c. Employer
City ROCHESTER	
State New York ZIP Code + 4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ·	ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL
Trade Name, if any:	UNEMPLOYMENT BENEFITS.
P.O. Box, Bldg., Room No., if any	
Street	
City	A very very very very very very very very
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	4/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO SEGAL ADVISORS CONFERENCE IN CARLSBAD, CA
	and the control of th
	12.b. Amount. \$5,267

Name of	Person	Filina	ROBERT	BROWN

Part B Continuation Page

O Name and address of Dunings (including Angle and a second form)	9. Business deals with:
Name and address of Business (including trade name, if any).	
Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND	a. Labor Organization
Trade Name, if any:	a. Labor Organization
Trade Name, It any.	b. Trust
P.O. Box, Bldg., Room No., if any 20	
Street FOURTH ST	c. Employer
Oh. 1	. —
City ROCHESTER	
State New York ZIP Code + 4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name	LABORERS TRAINING & APPRENTICE FUND PROVIDES
Lander	TOPICS TO MEMBERS OF LABORERS' LOCAL 435.
Trade Name, if any:	1
P.O. Box, Bldg., Room No., if any	
The second section of the s	
Street	!
City	
	The second management of the second section of the section of the second section of the section of the second section of the secti
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	6/6-6/7 REIMBURSEMENT OF EXPENSES AND PROVISION OF
	PER DIEM FOR TRAVEL TO NYS QUARTERLY TRAINING & APPRENTICE MEETING IN ALBANY, NY.
	,
	<u> </u>
	12.b. Amount. \$489

Name of Person Filing ROBERT BRO	OWN	BROW		ROBERT	Filing	Person	of	Name
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any [20]	
Street FOURTH ST	c. Employer
City ROCHESTER	
State New York ZIP Code + 4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST (LECET) PROMOTES THE CONSTRUCTION INDUSTRY,
Trade Name, if any:	IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC
P.O. Box, Bldg., Room No., if any	REGARDING THE CONSTRUCTION TRADE.
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	2/14-2/17 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO MINORITY AFFAIRS COUNCIL
	MEETING IN FLORIDA.
	12.b. Amount. \$2,231

Name of Person Filing ROBERT BROWN	Name of	of Person	Filing	ROBERT	BROWN
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Part B Continuation Page

9 Name and address of Discissor (including trade years if any)	-	9. Business deals with:
8. Name and address of Business (including trade name, if any).		
Name ROCHESTER LABORERS WELFARE FUND		் a. Labor Organization
Trade Name, if any:		a. Labor Organization
Todo Harris, Indiana,	لمست	b. Trust
P.O. Box, Bldg., Room No., if any 120	- monator	10.000
Street FOURTH ST	٠	c. Employer
City ROCHESTER		
State New York ZIP Code + 4 14609		
L WHEN , , MARKAMANN	_ [14 a Nature of such depline
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name	- 4	ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ; ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL
Trade Name, if any:	٠,	UNEMPLOYMENT BENEFITS.
Trade Name, it any.		1
P.O. Box, Bldg., Room No., if any	~	
Street		
City		
State ZIP Code + 4	-1 	11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest held or income received.
		7/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER
		DIEM FOR TRAVEL TO LABORERS WELFARE FUND MEETING IN
		SKANEATELES, NY
		1,
		!
		12.b. Amount. \$1,488

Name	of I	Person	Filina	ROBERT	BROWN

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 20 Street FOURTH ST City ROCHESTER State New York ZIP Code + 4 14609	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. LABORERS TRAINING & APPRENTICE FUND PROVIDES EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS' LOCAL 435. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 18/3-8/4 REIMBURSEMENT OF EXPENSES AND PROVISION OF
	PER DIEM FOR TRAVEL TO UPSTATE LABORERS TRAINING AND APPRENTICE MEETING IN ALEXADRIA BAY, NY 12.b. Amount. \$539

ame of Person Filing ROBERT BROWN	File Number U- 13611
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Part B Continuation Page

	9. Business deals with:
8. Name and address of Business (including trade name, if any).	5. business deals with.
Nome DOUBLERED INDODED BARROVERS COOR ED MOSE	
Name ROCHESTER LABORERS EMPLOYERS COOP ED TRST	a. Labor Organization
	a. Zabbi Giguinzation
Trade Name, if any:	
	b. Trust
P.O. Box, Bldg., Room No., if any 20	**************************************
	c. Employer
Street FOURTH ST	} " "
City ROCHESTER	
ROCHESTER ROCHESTER	
State New York ZIP Code + 4 14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
10, it 5.b. of 5.c. is checked give thist of employer's frame.	ROCHESTER EMPLOYERS COOPERATIVE EDUCATIONAL TRUST
Name	(LECET) PROMOTES THE CONSTRUCTION INDUSTRY,
	IMPROVES JOB OPFURTUNITIES, LABOR-MANAGEMENT
Trade Name, if any:	RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC
~ *** -	REGARDING THE CONSTRUCTION TRADE.
P.O. Box, Bldg., Room No., if any	
Street	
City	
Amou -	Transferred at a second state of the second st
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12/28-3/1 REIMBURSEMENT OF EXPENSES AND PROVISION OF
	PER DIEM FOR TRAVEL TO ROADWAY CONSTRUCTION
	CONFERENCE IN ALBANY, NY
	,
	li l
	12.b. Amount. \$659

Name of Person	F≀lina	DOBEDT	PROMIN

Part B Continuation Page

		<u> </u>
8. Name and address of Business (including trade name, if a	any).	9. Business deals with:
Name ROCHESTER LABORERS WELFARE FUND		a. Labor Organization
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 20		b. Trust
Street FOURTH ST		c. Employer
City ROCHESTER		
State New York ZIP Code + 4 14	609	
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name		ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL
Trade Name, if any:		UNEMPLOYMENT BENEFITS.
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
State ZIP Code + 4		11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest held or income received.
		11/05 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO INTERNATIONAL FOUNDATION CONFERENCE IN HAWAII.
		12.b. Amount. \$6,751

Name	of Person	Filina	ROBERT	BROWN

Part B Continuation Page

8. Name and address of Business (including trade name,	, if any).	9. Business deals with:
Name ROCHESTER LABORERS WELFARE FUND		a. Labor Organization
Trade Name, if any:		a. Cabol Organization
P.O. Box, Bldg., Room No., if any 20		b. Trust
F.O. Box, Biog., Nobili No., il ally 20		
Street FOURTH ST		c. Employer
City ROCHESTER		
State New York ZIP Code + 4	14609	
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
		ROCHESTER LABORERS WELFARE FUND PROVIDES MEMBERS
Name		ANNUITY, PENSION, WELFARE AND SUPPLEMENTAL
To be New Year		UNEMPLOYMENT BENEFITS.
Trade Name, if any:	 !	
D.O. Boy Blds Boom No. 16 anni		
P.O. Box, Bldg., Room No., if any	-	
Street		
City		
State ZIP Code + 4	1	11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest held or income received.
		9/05 REIMBURSEMENT OF EXPENSES AND PER DIEM FOR
		TRAVEL TO THE AMERICAN ALLIANCE CONFERENCE IN LAS
		VEGAS, NV.
		Description of the second seco
		12.b. Amount. \$5,877

Name	οf	Person	Filing	ROBERT	DDOWN
Name	U	reison.	rang	ROBERT	BROWN

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MANNING & NAPIER	a. Labor Organization
Trade Name, if any:	G. cossi organization
P.O. Box, Bldg., Room No., if any 290	b. Trust
Street WOODCLIFF DR	c. Employer
City FAIRPORT	
State New York ZIP Code + 4 14450	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ROCHESTER LABORERS WELFARE FUND	MANNING & NAPIER MANAGES THE FUNDS OF THE ROCHESTER LABORERS WELFARE FUND.
Trade Name, if any:	
P.O. Box, Bldg Room No., if any 20	
Street FOURTH ST	
City ROCHESTER	
State New York ZIP Code + 4 14609	11.b. Approximate dollar value of such dealing. \$476,000
	12.a. Nature of interest held or income received.
	PROVISION OF 8 TICKETS TO BUFFALO BILLS GAMES.
	1
	12.b. Amount. \$1,061

Name o	f Person	Filina	ROBERT	BROWN

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MANNING & NAPIER	a Labor Organization
Trade Name, if any:	a. Labor Organization
	b. Trust
P.O. Box, Bldg., Room No., if any 290	a Frankright
Street WOODCLIFF DR	c. Employer
City FAIRPORT	
State New York ZIP Code + 4 14450	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ROCHESTER LABORERS WELFARE FUND	MANNING & NAPIER MANAGES THE FUNDS OF THE ROCHESTER LABORERS WELFARE FUND.
Trade Name, if any:	
WHITE IS AMERICANIVA IA WAY	
P.O. Box, Bldg., Room No., if any 20	
Street FOURTH ST	
City ROCHESTER	
State New York ZIP Code + 4 14609	11.b. Approximate dollar value of such dealing. \$476,000;
Non-makelines are also a grant and g	12.a. Nature of interest held or income received.
	PROVISION OF VARIOUS INCIDENTAL ITEMS INCLUDING, HOLIDAY MEAL, REFRESHMENTS, AND PROVISION OF DINNER AT TWO TRUSTEES MEETINGS.
	12.b. Amount. \$176